

I do not know of any condition about the eye that is more unsatisfactory to treat than this type of uveitis.

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C. ALLEN DICKEY, M.D. (450 Sutter Street, San Francisco).—There are few diseases so disconcerting to the oculist as uveitis with hypertension. Fortunately, this is not a very common condition.

As an aid in the diagnosis I would like to emphasize the importance of taking the tension with a tonometer repeatedly, and of a thorough slit-lamp examination. In many cases the etiology is obscure, as it is difficult to evaluate one's findings; for example, a questionable positive tuberculin and also evidence of focal infection. Tuberculin therapy has been rather unsatisfactory in our experience, although we have not used the newer forms of tuberculin M A 100 and the A. O. vaccine.

I would like to mention two cases in which the treatment differed. In the first we attempted to control the disease with alternate constriction and dilatation of the pupil, using pilocarpin and suprenenine. However, synechiae formed and we had some difficulty in breaking these. The condition continued in spite of all therapy, both local and general.

In the second case, after the usual treatment had failed, we elected to do an iridectomy; and following this the patient has had only one temporary increase in tension, and the uveitis has subsided, with constant dilatation of the pupil.

While the lesser of two evils appears at first to temporize with medical treatment, I feel that rather thorough dilatation of the pupil is advisable; and if the hypertension continues in spite of the usual treatment, including paracentesis, then an iridectomy is the procedure of choice.

Doctor Weymann is to be congratulated on his presentation of this subject.

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HELEN E. PRESTON, M.D. (1136 West Sixth Street, Los Angeles).—We are indebted to Doctor Weymann for clarifying the methods of diagnosis and treatment of a condition which may well be extremely puzzling. It has been my privilege to observe and study a number of cases such as he describes, at the Los Angeles County Hospital, treated by a variety of methods.

It may be of interest to present here a case whose management resulted in an entirely satisfactory conclusion. It was difficult to distinguish between a chronic or subacute primary glaucoma, and the hypertension secondary to a uveitis, which we are considering here. A slight blurriness of vision, excess lacrimation, and mild achiness had existed for six months. A very mild conjunctival hyperemia was present. The pupil was slightly larger than the unaffected eye, but reacted to light. The tension was 44 millimeters. hg. (Schiotz), and, most important of all, there were pigment deposits on the anterior lens capsule.

Miotics did no good in reducing the tension, whereas the use of adrenalin, either by pledget or by subconjunctival injection (3 minims), and of homatropin, was able to control it fairly well for a number of weeks. A field defect was beginning, and so operation was decided upon. A cyclodialysis was performed in January, 1934, by Professor Anton Elschnig, during his demonstration clinic in Los Angeles. The eye has been perfectly quiet since, with normal tension and normal vision.

Of course conclusions cannot be drawn from the outcome of a single case, but I feel that this procedure, if the full details of the Elschnig technique are observed, is a valuable one. Unless the inflammatory character of the disease is very pronounced, I do not believe that the trauma to the ciliary body is severe enough to make trouble. It is not meant to suggest this as a complete substitute for iridectomy, paracentesis, or trephine, but as a companion to these procedures, among which a choice is to be made.

## COMPULSORY HEALTH INSURANCE\*

By FREDERICK L. HOFFMAN, LL.D.  
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THE available evidence is overwhelming that the effect of compulsory health insurance on the German medical profession has been little short of disastrous. The literature on the question, mostly in the German language, is as impressive as it is often pathetic in its pessimism regarding the outlook for far-reaching reforms. As has been well said in an article in *Science* of October 12, 1934: "The medical profession in Germany has fallen into disrepute." . . . and "If present conditions are allowed to continue much longer, medicine will sink into a bog of absolute inefficiency."

### THE TRAGIC ASPECT OF PANEL PRACTICE

In an extended article on the admission of physicians to panel-practice, by the Berlin correspondent of the American Medical Association (*The Journal of the American Medical Association*, August 16, 1934), the tragic aspects of the present situation are painted in gloomy colors. The profession is no longer free and independent, but the football of politics and political regimentation. Truly Bismarck was right when, in 1883, he observed that the establishment of compulsory health insurance was a step in the dark, and since then no modern Moses has been forthcoming to lead the bewildered profession into realms of security and undisturbed scientific advances typical of the golden days of freedom.

### REASONS FOR THE IMPROVEMENT IN MEDICAL CARE IN GERMANY

Unquestionably, the situation as regards the medical care of the German people in the early eighties was deplorable, but so it was in every other highly industrial and highly urbanized country the world over. The death rate in most countries fifty years ago was between 25 and 30 per 1,000. A frightful toll was exacted by fatal epidemic diseases which, since that time, thanks to the progress of medicine and social well-being, has been reduced to negligible proportions in all but a few large and essentially primitive areas.

### LATEST GERMAN STATISTICS ON COMPULSORY SICKNESS INSURANCE

The latest available figures for compulsory health insurance in Germany are for 1931. During that year the total membership in compulsory sick funds was 20,616,000, and these persons experienced 7,497,000 cases of sickness, representing 213,437,000 days of sickness. The total income of the funds was 1,607,834,000 marks, while the total outgo is given in the following table:

\* One of a series of articles on compulsory sickness insurance written for CALIFORNIA AND WESTERN MEDICINE by the well-known consulting statistician, Frederick L. Hoffman, LL.D. Articles in this series were printed in previous issues as follows: I, in April, page 245; II, in May, page 361; III, in June, page 411; IV, in July, page 33; V, in August, page 114; VI, in September, page 177; VII, in October, page 262; VIII, in November, page 323; IX, in December, page 398.

TABLE 1.—*Expenditures of German Sickness Fund, 1931*

	Marks
Medical attention.....	383,604,000
Dentistry .....	90,366,000
Medical appliances, etc.....	188,619,000
Hospital and institution care.....	276,207,000
Other material aid to patients.....	18,567,000
Cash benefits.....	389,599,000
Other cash to patients.....	25,181,000
Maternity benefits.....	98,536,000
Funeral benefits.....	19,694,000
Administration .....	158,632,000
Total .....	1,649,005,000

Thus it is shown that the German sickness funds represent a truly colossal financial undertaking involving an enormous bureaucratic machinery entering into every aspect of everyday life. To the insured, the money support is the major matter of interest; and this depends, of course, upon the medical certificate of incapacity for work. Since there is a certain amount of freedom of choice in the selection of doctors, those who are the most ready to give certificates on the slightest pretense of illness have a larger patronage and public support. The really conscientious physician who tries to save the fund from fraud has a hard time. The literature on the subject contains countless expressions of resentment at the indignities to which the profession is exposed in its efforts to deal honestly and fairly with the different parties interested in an economic administration. The most impressive expression of medical opinion is that of Dr. Erwin Liek of Danzig, who time and again has voiced the principal objections to the existing condition in unmistakable language.

#### COMPARISON OF MORTALITY STATISTICS FOR GERMANY AND THE UNITED STATES

In 1929, Doctor Liek published a booklet on social insurance and public health, from which I will quote some of the most important statements. Liek first calls attention to the problem of public health in Germany, as measured by an increase in the average expectation of life from twenty years in the seventeenth century, to thirty years in the eighteenth century, to forty years by 1870, to fifty years by 1910 and to sixty years at the present time. He states that the death rate in Germany declined from 29.6 per 1,000 in 1871 to 11.6 in 1928; but a similar decline has taken place in nearly every country under modern public health administration without reference to any social insurance which cannot rightly claim a predominating share in the results achieved. In the United States, for example, in 1933, the death rate for the entire country was 10.7 per 1,000 of population, or the lowest on record, and lower than that of Germany and England and Wales at the present time. In other words, our own public health progress has been as great, if not greater, without health insurance than that of Germany, and certainly so in many matters of important detail, such as the suppression of typhoid fever, diphtheria, etc.

#### SOME DEPLORABLE RESULTS FROM COMPULSORY SICKNESS INSURANCE

Liek is of the opinion, quoting an expression at the German Surgical Conference in 1928, that the insured has lost the desire to get well, and is very often opposed to remedial measures which would cause a loss of the money benefits payable under health insurance. He also expresses the opinion that higher wages and good housing conditions are much more important for the general population than health insurance, which squanders enormous sums of money that could be used for much more important health-promoting purposes. He calls attention to the fact that frequency and duration of sickness under health insurance increases, while the contrary should be expected. In Germany, at that period, every insured person was sick, on the average, twice a year, and every second insured was reported sick and incapacitated for work!

In Aachen, a Doctor Webber, director of the local sickness fund, reported in 1928 that, of one thousand insured only sixty-five failed to make use of the sick fund during the year. He made the statement at the time that thirty-five million insured paid four times as much for medicine as thirty million not insured. He quotes the Federal Health Department as having determined that the average sick fund patient required three times as much medicine as the private patient.

#### COMPULSORY SICKNESS INSURANCE MAKES FOR MORE ALLEGED SICKNESS

Liek estimates, on the basis of existing data, that sickness-frequency among non-insured is about 20 per cent annually, while that of the insured exceeds 200 per cent. In brief, he maintains that every new insurance provision, and every new clinic or institution, is merely a means of increasing alleged sickness among the German population. He quotes from the Hamburg-South America Line reports that they recently established a sickness fund for seamen, and that out of 2,800 employees, 60 per cent reported themselves sick during the year while, previous to the establishment of the sick fund, only 250 men reported themselves sick, or not as much as 10 per cent.

Liek likewise quotes from the annual report of the Hamburg-American Line that the number of sickness cases among its employees was four to five times greater under the more liberal provisions of sickness insurance. He also draws attention to a remark by Prime Minister Ramsay MacDonald, to the effect that the more liberal the unemployment insurance, the greater is unemployment.

#### RÔLE OF RHEUMATISM IN SECURING SICKNESS BENEFITS

Abuses too numerous to deal with in detail are referred to in various publications, mostly all to the effect that the misuses of the system far outweigh its public utility. The waste of medicine must be enormous. The principal disease for which treatment is required is rheumatism, of

which a large proportion is claimed to be false pretense. Liek quotes from a treatise by Webber that in many sections of Germany from one-sixth to one-half of all employees during the year require treatment for rheumatism. In marked contrast he calls attention to the comparative rarity of rheumatism among uninsured persons. In other words, rheumatism is a mere pretense for collecting cash benefits during alleged illness of long duration, falsely certified as such by easy-going attending physicians.

#### RELATION OF SICKNESS CLAIMS TO UNEMPLOYMENT

In 1927, the association for German sickness funds printed advertisements in all the leading papers under the heading "Parasites and the Sickness Fund," stating that of 7,918,000 insured in 1926, 1,259,000 alleged patients or about 16 per cent, were required to submit to a reexamination. Of these, 198,000 failed to appear before the examining physician, but reported themselves as well and fit to go to work; 219,000 likewise permitted themselves to be determined as being in good health, while 293,000, in subsequent examinations, were found to be fit for employment. Of the examined, therefore, 56.5 per cent were found to be entirely fit for work and guilty of malingering or downright imposition upon the fund. If the attending physician is required to spend most of his time on such parasites or pretenders, he cannot make proper allowance for deserving patients. The experience is universal that during periods of unemployment the demands upon the sick fund rise at once, and continue at a maximum figure as long as unemployment conditions remain difficult.

#### EXTRA COST RESULTING FROM REEXAMINATIONS

In consequence of this state of affairs, the number of the reexamined increases from year to year, involving additional expense and serving no useful medical purpose. In Nuremberg, for example, in 1927, of 141,299 insured, more than 91,000 were required to be reexamined. Hence, an atmosphere of apprehension and mistrust has developed and become characteristic of the whole system of sickness insurance. The astonishing claim is made, on the basis of apparently trustworthy statistics, that two-thirds of the cash benefits drawn by members are wrongfully obtained as the result of malingering, imposition and fraud. The only protection the sickness fund has against such imposition is reexamination of patients, with the result, as stated; but the members of the sick fund are determined to derive some benefit from their contributions, properly or improperly as the case may be.

#### INCREASING COMPLEXITY OF COMPULSORY SICKNESS INSURANCE IN GERMANY

From year to year sickness insurance in Germany has grown more complex, and rules and regulations have become enormously complicated. While in Norway sickness insurance laws consist of forty-four paragraphs or sections, in Switzerland of forty-two, in Belgium of sixty-four, those of Germany consist of 372. Hence the conclusion

that the intricacies of this bureaucratic machinery have established an impossible undertaking, and that the chief objective of proper medical care of the insured is lost sight of. According to Liek, in 1928 social insurance in Germany cost 5,245,000,000 gold marks compared with 1,037,000,000 in 1913. It is said that at the present time there are 4,500,000 insured annuitants, aside from 1,500,000 entitled to annuities because of the war; and according to a statement at a recent medical meeting in Germany, one in every seven of the adult population is an annuitant. In Danzig, at the present time, it is estimated that every two families at work support a third family out of work, or alleged to be ill.

#### COMPULSORY SICKNESS INSURANCE INCREASES RATHER THAN DECREASES CLASS ANTAGONISMS

Brought into existence to overcome Socialist agitation and to give aid and comfort, the Socialists who, at the beginning, were opposed to the system, are now its strongest advocates. Instead of diminishing class antagonism, it has gone far to increase it, while the workman has obtained a totally false conception of the system, now looked upon as a general social welfare institution without economic principles based on sound economic laws and past economic experience. Politics enter into the system, and benefits promised or paid are the spoils of the different political parties, all bidding for support of the insured on the ground of further benefits unearned and undeserved. This, of course, has reference to the situation previous to the establishment of the Hitler régime, which may possibly bring about reforms on a large scale by mere fiat and dictatorship.

#### EFFECT OF COMPULSORY SICKNESS INSURANCE ON THE SPIRITUAL LIFE OF A PEOPLE

What Liek deplores most is the disastrous effect of compulsory health insurance on the spiritual life of the German people. It has corrupted the German mind, to an appalling degree of obtuseness, to sound principles in political and social relations. The aim is to get all the benefits possible out of the system irrespective of the effect on the national budget. Increased contributions are resented, and the chief burden is shifted to the employer on the one hand and the taxpayer on the other.

#### WHY INSURED PERSONS PREFER TO REMAIN INVALIDS

It is the consensus of qualified medical opinion in Germany now that the insured person is much more difficult to treat than the uninsured, who desires to get well while the insured prefers to remain an invalid as long as his annuity or sick benefit continues. In acute diseases, it is said that in the case of the uninsured, two weeks of treatment suffice, while it has required from four to six weeks for treatment of the compulsory insured. Hence, the astonishing conclusion that the desire to get well is wanting among the insured, who become accustomed to a parasitical dependence upon unearned benefits derived from sick funds on one pretense or another.

# IN GERMANY THE INSURED PERSON AND THE PHYSICIAN ARE BOTH IN BONDAGE TO THE GOVERNMENT

I conclude these observations on the German situation with a statement recently published in the *Philadelphia Daily News* by H. R. Knickerbocker, a well-known foreign correspondent. He gives the following table of taxes, dues and contributions of one sort or another paid by the German workman at the present time out of a slender income which, in seven hours, is said to produce a wage only equivalent to that earned in the United States for the same kind of labor in two hours:

TABLE 2.—*Insurance and Taxes Paid by the German Workman Today*

	Reichsmark
Income tax.....	2.10
Old-age insurance.....	1.20
Citizens' tax.....	1.25
Sickness insurance.....	1.20
Unemployment insurance.....	1.30
Tax for aid unemployment.....	.80
Bachelor tax.....	2.10
German work-front dues.....	1.50
	11.45

Thus the wage earner is in bondage to the government as much as is the insurance physician, and both are confronted with an apparently hopelessly confused problem which only a social revolution can possibly change.

## THE LURE OF MEDICAL HISTORY\*

### THE INFLUENCE OF CLAUDE BERNARD ON MEDICINE IN THE UNITED STATES AND ENGLAND†

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#### I

DURING the nineteenth century no medical student in the United States felt that he had really completed his studies until he had visited the hospitals and laboratories of Europe. It has been suggested that on account of the bitter feeling towards England after the Revolutionary War, and especially after the War of 1812, few of these young physicians cared to study in England. It was Paris that attracted them, and this in spite of Claude Bernard's complaints regarding the poor facilities for medical research in France, and his covetous glances at the well-equipped laboratories of Germany.

When Bernard came to Paris in 1834 as a youth of twenty-one and abandoned a literary

\*A Twenty-Five Years Ago column, made up of excerpts from the official journal of the California Medical Association of twenty-five years ago, is printed in each issue of *CALIFORNIA AND WESTERN MEDICINE*. The column is one of the regular features of the Miscellany Department of *CALIFORNIA AND WESTERN MEDICINE*, and its page number will be found on the front cover index.

†From the Division of Physiology, University of California Medical School, Berkeley.

career to take up medicine, the famous clinician, Louis, was attracting students from all over the civilized world. Osler names nearly forty Americans, including Oliver Wendell Holmes, who crossed the Atlantic to study with this brilliant physician during the years 1830 to 1840. Bernard did not really become known in the medical world until about 1847, when he began to lecture at the Collège de France as substitute for Magendie, the aging Professor of Medicine. From 1850 on, his lecture demonstrations attracted foreign students as had the lectures and clinics of Louis two decades before.

### BERNARD'S INTEREST IN THE BEAUMONT EXPERIMENTS

Bernard's reputation in 1850 is shown in a letter from an Illinois physician, Willis Green Edwards (who died in 1862), to William Beaumont, the pioneer American physiologist. Edwards was in Paris and he wrote to Beaumont of Bernard's interest in the experiments Beaumont had performed on Alexis St. Martin, and of Bernard's desire to know what had happened to St. Martin later in life. He said: "Your experiments are constantly imitated here by a large number of investigating physiologists, among whom M. Bernard probably stands first." It is worth while adding the comment of Beaumont's biographer: "The interest manifested by Bernard evidently rekindled the old spark of ambition and zeal, and prompted him to reopen correspondence" as to the whereabouts of his erstwhile patient, in order to get in touch with him for more experimentation.

At the time of Bernard's death in 1878, Austin Flint, Jr. (1836-1915), who had met Bernard in 1861, wrote in the *American Journal of the Medical Sciences*: "He was visited by nearly all physicians who went from this country to Europe to study disease in the hospitals. We now have in mind the remembrance of accounts given us by old practitioners of medicine of the wonderful dexterity in experimentation, of the unvarying affability and the patient and kind attention always given to strangers by the great French physiologist."

### BERNARD'S WORK IN ANIMAL EXPERIMENTATION

One must remember that Bernard was an experimental physiologist, not a practicing physician, and that his operations and treatments were made upon dogs and rabbits, not on human patients. Indeed, his insistence upon rigidly controlled experiment, as the very foundation of medicine, at first alienated certain members of the profession. Later, however, all were to realize that Bernard's whole life had been spent in an attempt to bring medicine nearer to the goal of being a true science.

### HIS INFLUENCE ON WEIR MITCHELL, DALTON AND DONALDSON

One of the first young physicians to be profoundly influenced by Bernard was Silas Weir Mitchell (1829-1914), who came to be famous not only for his rest cure, but also for his novels